

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		A AFTER 1st AMENDMENT		B AFTER 2nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
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TOTAL IND.	2		2		4	
TOTAL DEF.	16		16		12	
TOTAL	18		18		16	

	IND.	DEF.	IND.	DEF.	IND.	DEF.
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